



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) PAT051943-US-PCT1 (2300-20407.30)
<b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		
Application Number: 10/554,625		Filed: March 21, 2007
For COMPOSITIONS COMPRISING CATIONIC PARTICLES AND HCV E1E2 DNA AND METHODS OF USES THEREOF		
Art Unit: 1648		Examiner: Zachariah Lucas
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  A one-month extension of time was requested and paid for on June 1, 2010. Accordingly, an additional two-month extension of time is requested and the fee paid.</p>		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two additional months (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110-\$130	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any <u>additional</u> fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> .		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
08/25/2010 HVUONG1 00000031 10554625 02 FC:1253 980.00 OP		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>33,208</u>		
 Signature		<u>8/20/2010</u> Date
<u>Roberta L. Robins</u> Typed or printed name		<u>(650) 493-3400</u> Telephone Number
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		